

IN0005180070
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS 265.
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form 1 - General Facility Standards

I. General Information:

(A) Facility Name: Reynolds Metal Company McCook Plant
(B) Street: 13th Ave and 49th
(C) City: McCook (D) State: Ill (E) Zip Code: 60513
(F) Phone: 485-9000 (G) County: Cook

(H) Operator: Mailing Address
(I) Street: P.O. Box 239
(J) City: Brookfield (K) State: Ill (L) Zip Code: 60513
(M) Phone: 485-9000 (N) County: Cook

(O) Owner: Reynolds Metal Co (A.H.W. L.C. Tropea)
(P) Street: 6601 W. Broad St.
(Q) City: Richmond (R) State: VA (S) Zip Code: 23261
(T) Phone: ~~783-9000~~ (U) County: _____

(V) Type of Ownership: _____ Federal _____ Municipal ☒ Private
_____ State _____ County

(W) Date of Inspection: 2-26 (X) Time of Inspection (Hour): 9:45 AM (Y) // 02 AM

(Z) Weather Conditions: Cloudy - 35°

(Y) Person(s) Interviewed

Title

Telephone

Ray Buhrmaster

Env Eng

485-9000

(Z) Inspection Participants

Title

Telephone

John Evans

E.P.S.

345-9780

II. Description of Site Activity

(A) ☒ Generator (Form 2)

(B) ☐ Transporter (Form 3)

(C) ☐ Chemical, Physical
and Biological Treatment (Form 4)

(D) ☒ Storage (Form 5)

(E) ☐ Landfill (Form 6)

(F) ☐ Incineration (Form 7)

(G) ☐ Land Treatment (Form 4)

(H) ☐ Thermal Treatment (Form 7)

(I) Comments:

Supplemental forms (listed in parentheses) must be completed for each activity inspected. Attach all Supplemental forms to this report.

Yes

No

Not
Inspected

See Permit
Number

(J) Has this facility
Submitted a Part A
Permit Application?

☒

205 Subpart B

	No.	No.	Not Inspected	See Remark Number
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	N/A			
2. Transfer of Ownership?	N/A			
(B) General Waste Analysis:				
1. Has the owner ^{or} operator obtained a detailed chemical and physical analysis of the waste?	✓			
2. Does the owner ^{or} operator have a detailed waste analysis plan on file at the facility?		✓		
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	✓			
(C) Security - Do security measures include:				
1. 24-Hour Surveillance?	✓			
2. Artificial or Natural Barrier Around Facility?	✓			
3. Controlled Entry?	✓			
4. Danger Sign(s) at Entrance?	✓			
(D) Do Owner ^{or} Operator Inspections Include:				
1. Records of Malfunctions?	✓			
2. Records of Operator Error?	✓			
3. Records of Discharges?	✓			
4. Inspection Schedule?	✓			
5. Safety, Emergency Equipment?	✓			
6. Security Devices?	✓			
7. Operating and Structural Devices?	✓			
8. Inspection Log?	✓			

	Yes	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment:				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Is Emergency Equipment Maintained in Operable Conditions?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(D) Has Owner ^{or} Operator Provided Immediate Access to Internal Alarms (if needed)?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(E) Is there Adequate aisle space for Unobstructed Movement?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(F) Are Arrangements with Local Authorities Included in the Operating Record?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

VI. CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(A) Does the Contingency Plan Contain the Following Information:

1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)
2. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services pursuant to §264.37?

<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

Yes

No

Not
InspectedSee Remark
Number

(E) Do Personnel Training Records Include:

1. Job Titles?

☒

2. Description of Training?

☒

3. Records of Training?

☐☒

Is Personnel Training Completed within the Required Time Frame?

☐☐☐☐

(F) Are the Following Special Requirements for Ignitable, Reactive, or Incompatible Material Addressed?

1. Special Handling?

☒

2. No Smoking Signs?

☒

3. Separation and Confinement?

☒☐☐☐☐☐☐IV. PREPAREDNESS AND PREVENTION

(A) Maintenance and Operation of Facility:

1. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

☐☒☐☐

(B) Does the Facility have the Following Equipment?

1. Alarm System?

☒

2. Telephone or 2-Way Radios?

☒

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

☒☐☐☐☐☐☐

Indicate the volume of water and/or foam available for fire control:

Units: _____

	Yes	No	Inspector	San. Permit Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Is Coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility, has the Emergency Coordinator followed the Emergency procedures listed in 216.132?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

VII. MANIFEST SYSTEM, RECORD KEEPING, AND REPORTING

Yes

No

Not
Inspected

See Remark
Number

(A) Use of Manifest System

1. Does the facility follow the procedures listed in §255.71 for processing each Manifest?

✓

2. Are records of past shipments retained for 3 years?

✓

(B) Does the owner or operator meet requirements regarding Manifest Discrepancies?

✓

(C) Operating Record

Does the facility maintain an operating record at the site as required in §255.73?

✓

(D) Availability, Retention and Disposition of Records

Are all records available at the site for inspection as required in §255.74?

✓

VIII. CLOSURE AND POST CLOSURE

(A) Closure and Post Closure

1. Closure Plan Available for Inspection by May 19, 1981?

U/A

2. Has this plan been submitted to the Regional Administrator?

U/A

3. Has Closure begun?

U/A

4. Is closure cost estimate available by May 19, 1981?

U/A

(B) Post Closure Care and Use of Property
- Has the Owner/Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)?

U/A

ILD005/80070
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 2 - Generator Inspection

1. General Information:

(A) Installation Name: Reynolds Metal Co. (McCook Plant)
(B) Street: 1st Ave and 4th
(C) City: McCook (D) State: Ill (E) Zip Code: 60513
(F) Phone: 405-9000 (G) County: Cook

(H) Operator: Mailing Address
(I) Street: P.O. Box 239
(J) City: Brickfield (K) State: Ill (L) Zip Code: 60513
(M) Phone: _____ (N) County: Cook

(O) Owner: Reynolds Metal Co. (Attn: L. C. Tropea)
(P) Street: 6601 W. Broad St
(Q) City: Richmond (R) State: VA (S) Zip Code: 23261
(T) Phone: _____ (U) County: _____

_____ Federal _____ Municipal ☒ Private
(V) Type of Ownership: _____ State _____ County

(W) Date of Inspection: 2-26 Time of Inspection (from) 9:45a (To) 11:00am

(X) Weather Conditions: Cloudy, ~35°

(Y) Person(s) Interviewed Title Telephone
Ray Bukemaster Env. Eng. _____

(Z) Inspection Participants Title Telephone
John Evans C.P.S. _____

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

- (A) ☐ Transporter (Form 3) (B) ☐ Chemical, Physical and Biological Treatment (Form 4)
(C) ☒ Storage (Form 5) (D) ☐ Landfill (Form 6)
(E) ☐ Incineration (Form 7) (F) ☐ Thermal Treatment (Form 7)

(G) Comments: _____

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Required Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Required Signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Does the Owner or Operator Submit Exception Reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) If required, are placards available to transporter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Inspected	See Remark Number
(D) Pre-shipment Accumulation:				
1. Are containers marked with start of accumulation date?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Are wastes stored in tanks managed according to the following:				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	<u>N/A</u>	<u> </u>	<u> </u>	<u>★</u>
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	<u> </u>	<u> </u>	<u> </u>	<u>★</u>
c. Do continuous feed systems have a waste-feed cutoff?	<u> </u>	<u> </u>	<u> </u>	<u>★</u>
d. Are required daily and weekly inspections done?	<u> </u>	<u> </u>	<u> </u>	<u>★</u>
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?)	<u> </u>	<u> </u>	<u> </u>	<u>★</u>
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)	<u> </u>	<u> </u>	<u> </u>	<u>★</u>

~~XXXXXXXXXX~~

5. If hazardous wastes accumulate on site, does the generator follow the following general facility standards?	<input checked="" type="checkbox"/>			
A. Do Personnel training records include:				
1. Job Titles?	<input checked="" type="checkbox"/>			
2. Description of Training?	<input checked="" type="checkbox"/>			
3. Records of Training?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Is Personnel Training Completed within the Required Time Frame?	<input checked="" type="checkbox"/>			
B. Preparedness and Prevention				
1. Maintenance and Operation of Facility:				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Does the Facility have the following equipment?				
a. Alarm system?	<input checked="" type="checkbox"/>			
b. Telephone or 2-Way Radios?	<input checked="" type="checkbox"/>			
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	<input checked="" type="checkbox"/>			
Indicate the volume of water and/or foam available for fire control				
Units: _____				
3. Testing and Maintenance of Emergency Equipment:				
a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment	<input checked="" type="checkbox"/>			
b. Is emergency equipment maintained in Operable Condition?	<input checked="" type="checkbox"/>			

	Yes	No	Not Inspected	See Remark Number
4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
5. Is there adequate Aisle Space for unobstructed Movement?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
6. Are arrangements with local authorities included in the operating record?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

(C) Contingency Plan and Emergency Procedure

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §264.51 and 261.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part)

✓

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §264.37?

✓

c. Names, addresses, and Phone numbers (office and home) of all persons qualified to act as emergency coordinator.

✓

d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

✓

	Yes	No	Not Inspected	See Remark Number
2. Are copies of the Contingency Plan available at site and <u>Local Emergency Organizations</u>	<u>✓</u>	<u>✓</u>	_____	_____
3. Emergency Coordinator				
a. Is the Facility Emergency Coordinator Identified?	<u>✓</u>	_____	_____	_____
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	<u>✓</u>	_____	_____	_____
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>✓</u>	_____	_____	_____
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?	<u>✓</u>	_____	_____	_____

V. RECORDKEEPING

(A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?

✓

VI. INTERNATIONAL SHIPMENTS

(A) Has the Installation Imported or Exported Hazardous Waste?

✓

(if A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:

a. Notified the Administrator in writing?

b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

Yes

No

Not
InspectedSee Remark
Number

c. Met the Manifest requirements? _____

2. Importing Hazardous Waste,
has the generator:

a. Met the manifest requirements? _____

VII. PREPARER INFORMATIONName: John P. EvansTitle: C. P. S.Phone Number: 345-9780

REMARKS:

Requirements missing At time of inspection were
Contingency plan wasn't on file with local fire, police, hospital etc
However Mr. Behrmaster said the local agency were always
aid were always on call for such an emergency.
Also files were up to date as to safety training.
~~Employees~~ ^{Employees} does go through a safety program although
no records of such are kept as to when and
where. Loc. of ^{safety} inspection are kept. Waste streams
from the plant are paint waste, which has been ^{exp} listed,
a waste H₂O treatment sludge (F001) which Mr. Behrmaster
said Reynolds will try and delist as a Toxic waste
The other waste stream is a coagulant (F001) although
Mr. was on site at the time of the inspection
Presently Reynolds is complying with State C.P.D. program

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
SUPPLEMENTAL FORM 5 FOR STORAGE FACILITY INSPECTIONS

265.170 I. General Information

(A) Facility Name: Reynolds Metal Company (McCook Plant)
(B) Street: 1st Ave and 49th
(C) City: McCook (D) State: IL (E) ZIP Code 60513
(F) Date of Inspection: 2-26-81

II. Storage Facility Standards (Part 265)

A. Facilities which store containers of hazardous waste (Subpart I)

	YES	NO	NOT INSPECTED	#
1. Are containers in good condition?	✓			
2. Are containers compatible with waste in them?	✓			
3. Are containers stored closed?	✓			
4. Are containers managed to prevent leaks?	✓			
5. Are containers inspected weekly for leaks and defects?	✓			
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line?	✓			
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	✓			
8. Are containers of incompatible wastes separated or protected from each other by physical barriers or sufficient distance?	✓			

B. Facilities which store hazardous waste in tanks (Subpart II)

Roll of Box

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	✓			★
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	✓			★

Continued on next page

	YES	NO	NOT INSPECTED	REMARK #
3. Do continuous feed systems have a waste feed cutoff?	N/A			A
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	N/A			A
5. Are required daily and weekly inspections done?	✓			A
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	N/A			A
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	N/A			A

C. Facilities which store hazardous waste in surface impoundments (Subpart K) *A SEE GENERAL*

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?	N/A			Form # 2 for comments
2. Do earthen dikes have protective cover?				
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?				
4. Is the freeboard level inspected at least daily?				
5. Are the dikes inspected weekly for evidence of leaks or deterioration?				
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)				

D. Facilities which store hazardous waste in waste piles (Subpart L)

1. Are waste piles covered or protected from the wind?	N/A			
2. Is each in-coming movement of waste analyzed before being added to the waste pile?				
3. Are leachate, run-off, and run-on controlled? (The effective date of this provision is Nov. 19, 1980.)				
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				

(Continued on next page)

	YES	NO	NOT INSPECTED	REMARK #
5. Are piles of reactive or ignitable waste protected?				
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)				
7. Are piles of incompatible waste protected by barriers or distance from other waste?				

LPC03100000
STATE IDENTIFICATION NUMBER
(If Applicable)

ILD005180070
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form B Generator Inspection*
(40 CFR Part 262)

I. General Information:*

(A) Installation Name: Reynolds METALS
(B) Street: 47th Street & 1st AVENUE
(C) City: McCook (D) State: ILL (E) Zip Code: 60525
(F) Phone: (312) 485-9000 (G) County: COOK
(H) Date of Inspection: 9-14-83 Time of Inspection (From) 9:00AM (To) 10:00AM
(I) Weather Conditions: Clear 70°

(J) Person(s) interviewed	Title	Telephone
<u>RAY W. BUHRMASTER</u>	<u>Senior Engineer</u>	<u>(312) 485-9000</u>
_____	_____	_____
_____	_____	_____

(K) Inspection Participants	Agency/Title	Telephone
<u>GREG WEBBER</u>	<u>USEPA-Waste Mgt.</u>	_____
_____	_____	_____
_____	_____	_____

(L) Preparer Information

Name	Agency/Title	Telephone
<u>L A Crivello</u>	<u>EPA/EP5</u>	<u>(312) 345-9780</u>

*Do not use this form if Generator is also a treatment, storage, and/or disposal facility.
Complete form "A" if the Generator is also a TSD facility.

II. BRIEFLY DESCRIBE SITE ACTIVITY

This facility manufactures aluminum. Since the facility is a
small quantity generator and does not store or dispose of hazardous
waste they are not subject to hazardous waste regulations

III. MANIFEST REQUIREMENTS (Subpart B)

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	_____	_____	_____	_____
(B) Do the manifest forms reviewed contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements)				
1. Manifest document number?	_____	_____	_____	_____
2. Name, mailing address, telephone number, and EPA ID number of generator?	_____	_____	_____	_____
3. Name and EPA ID Number of transporter(s)?	_____	_____	_____	_____
4. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	_____	_____	_____	_____



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

ILD 005180070

ILD

MEMORANDUM

TO: LAND DIVISION FILE

DATE: 9-14-83

FROM: L A CRIVELLO

☒ Information onlySUBJECT: POOK Co / LPC 03100000
~~POOK~~ McCook / Reynolds☐ Response requested

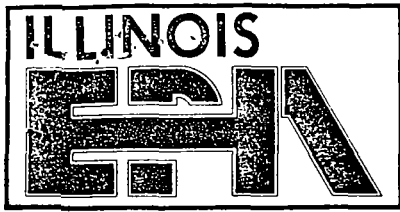
This Facility manufactures aluminum. Since the Facility is a small quantity generator and does not treat, store or dispose of hazardous waste they are not subject to the RCRA series regulations.

RCRA INSPECTION

Cook

COUNTY

FACILITY NAME AND LOCATION U.S.E.P.A. NUMBER I.E.P.A. NUMBER	PART A AND NOTIFICATION	INSPECTOR(S) INSPECTION DATES	INSPECTION RESULTS		DATE AND TYPE OF LETTER SENT	DATE RESPONSE DUE & DATE RECEIVED	REFERRED TO OR DATE OF FINAL ACTION
Reynolds Metal McCook, Illinois ILD005180070 LPC03100000	NOTIFIED AS: GEN. <input checked="" type="checkbox"/> TRANS. <input type="checkbox"/> T/S/D <input checked="" type="checkbox"/> U.I.C. <input type="checkbox"/> PART A AND NOTIFICATION CORRECT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (IF NO, SEE COMMENTS)	INSPECTOR(S): L A C DATE OF INSPECTION: 9/14/83 PREVIOUS INSPECTION DATE: 1/1	NOT REGULATED: SMALL QTY. <input checked="" type="checkbox"/> RECYCLER <input type="checkbox"/> NON-HANDLER <input type="checkbox"/> OTHER(SPECIFY) <input type="checkbox"/> COMPLIANCE: NON-COMPLIANCE: PART 722 PART 723 PART 725 GEN. FAC. STAN. <input type="checkbox"/> PREPAR./PREVEN. <input type="checkbox"/> CONT. PLAN AND ENERG. PROC. <input type="checkbox"/>	PART 725 (CONT.) MANIFEST, RECORD- KEEPING, REPORT- ING GROUNDWATER CLOSURE/PC FINANCIAL CONTAINERS TANKS SURF. IMP. WASTE PILES LAND TREAT. LANDFILLS INCINERATORS THERM. TREAT. CHEM./PHYS./ BIOL. TREAT. U.I.C.	1/1 COMP. <input type="checkbox"/> C.I.L. <input type="checkbox"/> E.N.L. <input type="checkbox"/>	DUE: 1/1 RECEIVED: 1/1 ADEQUATE <input type="checkbox"/> INADEQUATE <input type="checkbox"/> NONE RECEIVED <input type="checkbox"/>	REINSPECTION NECESSARY <input type="checkbox"/> EDG (SEE ENF. LOG) <input type="checkbox"/> OTHER (SEE COMMENTS) <input type="checkbox"/> FILED <input type="checkbox"/> DATE: 1/1 % COMPLIANCE
NEW ANNUAL <input checked="" type="checkbox"/> NON-NOTIFIER TELEPHONE VERIFICATIONS <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR <input type="checkbox"/>	COMMENTS: SMALL Quantity						



Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: L03100000 - Cook County - McCook/Reynolds Metals
ILD005180070

October 28, 1983

Mr. Ray Buhrmaster
Reynolds Metals
47th Street & 1st Avenue
McCook, Illinois 60525

Dear Mr. Buhrmaster:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on September 14, 1983. A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance with the Environmental Protection Act, Ill. Rev. Stat. 1982, Ch. 111 1/2, pars. 1001 et seq., as amended, and regulations adopted by the Illinois Pollution Control Board. Based on the information obtained during the inspection we have determined that the above facility apparently is presently not regulated under 35 Ill. Adm. Code 720 through 725.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report or letter, please contact Lynn Crivello at the above number.

Sincerely,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land Pollution Control

KPB:LAC:pgb

Enclosure: Inspection Report

cc: Division File
Northern Region